

Request for Addition/Change to CSTARS Vendor

CSTARS Vendor ID: _____ (Required for change request)

Shell Vendor Information to Establish a Vendor:

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____ Country _____

Point of Contact _____ Phone Number _____

Toll Free Phone _____ Fax Number _____

E-mail Address _____

Web page Address (URL) _____

Note: State is required if the vendor is located in the United States or its territories; Country is required if the vendor is located outside

Additional Vendor Information for Award:

Tax Identification Number _____ DUNS Number _____

Employer Identification Number _____

Parent Company TIN _____ Parent Company Name _____

Type of Business (Select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Manufacturer or Producer | <input type="checkbox"/> Service Establishment | <input type="checkbox"/> Construction Concern |
| <input type="checkbox"/> Research and Development | <input type="checkbox"/> Surplus Dealer | <input type="checkbox"/> Regular Dealer |

Corporate Status (Select one)

- ☐ Corporation ☐ S-Corporation ☐ Sole Proprietorship ☐ Partnership ☐ None of the Above

Size of Business (Select one)

- ☐ Large ☐ Small ☐ Outside of the United States ☐ Education/Non-Profit ☐ None of the Above

Ownership (Select one)

- ☐ Woman Owned ☐ Disadvantaged ☐ Both ☐ None of the Above

Ethnic Orientation (Select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Pacific Island/Hawaiian Native | <input type="checkbox"/> American Indian/Alaska Native | |

Status (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> 8A | <input type="checkbox"/> Foreign Vendor |
| <input type="checkbox"/> JWOD | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Emerging Small Business | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> NonProfit/Not for Profit | <input type="checkbox"/> State or Local Government |
| <input type="checkbox"/> Educational Institute | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Higher Educational Institute | <input type="checkbox"/> Vietnam <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Historically Black College or University/Minority Institute | |

FSC Code(s) _____

NAICS _____